Amendments to the Claims

This listing of claims will replace all prior versions and listings of claims in the application.

Listing of Claims

- (Currently Amended) A method for repairing a vaginal wall which has been damaged by one or more prolapsed pelvic graans, said method including:
- (a) mobilising mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the damaged vaginal wall;
 - (b) positioning a prosthetic reinforcing material over the exposed fascia;
- (c) re-fixing the vaginal epithelium over the prosthetic <u>reinforcing</u> material and the fascia; and thereafter
- (d) locating an intra-vaginal splint into the vagina <u>such that the splint supports the</u> <u>vaginal wall and prevents substantial movement and displacement of the reinforcing material</u> while the re-fixed vaginal epithelium heals.
- 2. (Currently Amended) A method as claimed in claim 1, wherein the vaginal wall being repaired is the anterior vaginal wall and the vaginal epithelium is mobilised off the underlying fascia by incision and lateral dissection through the arcus tendineous fascia pelvie and continued towards the sacrospinous ligaments on both sides.
- 3. (Currently Amended) A method as claimed in claim 1, wherein the vaginal wall being repaired is the anterior vaginal wall and the vaginal epithelium is mobilised off the underlying fascia by incision and lateral dissection through the arcus tendineous fascia pelvie and into the paravaginal space on each side of the anterior vaginal wall.

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4. (Currently Amended) A method as claimed in claim 3, wherein the said

prosthetic reinforcing material is a synthetic mesh having laterally extending arms on both sides

and the mesh is positioned over the exposed fascia of the anterior vaginal wall with each lateral

arm of the mesh placed into tunnels extending from the anterior vaginal wall dissection into the

paravaginal spaces.

5. (Currently Amended) A method as claimed in claim 1, wherein the vaginal wall

being repaired is the posterior wall of the vagina and the vaginal epithelium is mobilised off the

underlying fascia by incision and dissection laterally to the levator ani muscles on each side and

in the upper part of the vagina in a lateral and cranial direction through the rectal pillars on both

sides towards the sacrospinous ligaments on each side of the vaginal wall.

6. (Currently Amended) A method as claimed in claim 5, wherein the prosthetic

reinforcing material is a synthetic mesh having upwardly extending arms and the synthetic mesh

is positioned over the exposed fascia of the posterior vaginal wall with each upwardly extending

arm of the synthetic mesh being placed into the tunnel extending from the posterior vaginal wall

dissection to the respective sacrospinous ligament.

7. (Currently Amended) A method as claimed in any one of the previous claims,

wherein said prosthetic the reinforcing material once positioned over the exposed fascia of the

vaginal wall being repaired is thereafter attached to the underlying fascia by sutures.

8. (Currently Amended) A method as claimed in claim 1, wherein the fascia of the

damaged vaginal wall is plicated after the vaginal epithelium has been mobilized but prior to the

positioning of a prosthetic the reinforcing material over the exposed fascia.

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- (Currently Amended) A method as claimed in claim 1, wherein the intra-vaginal splint once located within the vagina is attached to the adiacent vaginal epithelium by sutures.
- (Currently Amended) A method as claimed in claim 1, wherein said the intravaginal splint remains located within the vagina for a period of at least three weeks following location within the vagina.
- 11. (Currently Amended) A method as claimed in claim 10, wherein said the intravaginal splint remains located within the vagina for a period of between 4 to 6 weeks following location within the vagina.
- (Currently Amended) A method for repairing the anterior and posterior vaginal walls of the vagina damaged by one or more prolapsed pelvic organs, said method including:
- (a) mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the anterior vaginal wall:
- (b) positioning a first proethetic <u>reinforcing</u> material over the exposed fascia of the anterior vaginal wall;
- (c) re-fixing the vaginal epithelium over the first presthetic reinforcing material and the fascia of the anterior vaginal wall;
- (d) mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the posterior vaginal wall;
- (e) <u>positioning</u> a second prosthetic <u>reinforcing</u> material over the exposed fascia of the posterior vaginal wall;

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(f) re-fixing the vaginal epithelium over the second presthetie reinforcing material

and the fascia of the posterior vaginal wall; and thereafter

(g) locating an intra-vaginal splint into the vagina such that the splint supports the

anterior and posterior vaginal walls and prevents substantial movement and displacement of the

reinforcing material while the re-fixed vaginal epithelium heals.

13. (Currently Amendedl) A method as claimed in claim 12, wherein said the intra-

vaginal splint is attached to the adjacent vaginal epithelium by sutures.

14. (Currently Amended) A method as claimed in either one of claims 12 or 13.

wherein said the intra-vaginal splint remains located within the vagina for a period of at least

three weeks following location within the vagina.

15. (Currently Amended) A method as claimed in claim 14, wherein said the intra-

vaginal splint remains located within the vagina for a period of between 4 to 6 weeks following

location within the vagina.

16-32. (Cancelled)

(Withdrawn)

34. (Currently Amended) A method as claimed in claim 1, wherein the intra-vaginal

splint includes two longitudinally extending side arms both having first and second ends, said

side arms being connected at their respective first ends by a first connecting member and at

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their respective second ends by a second connecting member so as to define an interior area,

and wherein said first and second connecting members are of different lengths.

35-41. (Cancelled)

42. (New) A method as claimed in claim 34, wherein the intra-vaginal splint is made

from a flexible medical grade silicone.

43. (New) A method as claimed in claim 34, wherein the intra-vaginal splint is

substantially trapezium shaped.

44. (New) A method as claimed in claim 34, wherein at least part of the interior area

is closed by a membrane.

45. (New) A method as claimed in claim 44, wherein the membrane is twin walled

and is inflatable.

46. (New) A method as claimed in claim 34, wherein respective portions of each of

the longitudinally extending side arms proximate the first connecting member are disposed in a

first plane and other respective portions of each of the longitudinally extending side arms are

disposed in a second plane which is at an angle to the first plane.

47. (New) A method as claimed in claim 46, wherein the angle between the first and

second planes is in the range from about 8 to about 15 degrees.

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48. (New) A method as claimed in claim 47, wherein the angle between the first and second planes is about 10 degrees.

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